

**APPLICATION FOR MUNICIPAL LABOR SERVICE**  
**Town of Brookline**

**INSTRUCTIONS FOR COMPLETING FORM**

Applicants must be 16 years of age at the time of filing application. TYPE or PRINT clearly all answers on both sides of this form in INK. Incomplete or unsigned applications will be returned. The name of the applicant will remain on the Labor Service Register for a period of no more than 5 years from the date of the registration. To renew your registration beyond that time, you must notify the Local Labor Service Director in writing no earlier than six months before, or no later than six months after the fifth anniversary of your registration. Failure to provide such notification will result in removal from the labor registration list. File this application by mail or in person to: **Town of Brookline, Human Resources 3<sup>rd</sup> Floor, 333 Washington Street, Brookline, MA 02445.**

1. **Name (First, Last, MI) :** \_\_\_\_\_
2. **Mailing Address:** \_\_\_\_\_  
No. Street City/Town Zip Code
3. **Social Security No.:** \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_
4. Response to this question is voluntary. Failure to provide the information requested will not adversely affect your application. (Please check one of each statement.)

**Your Race or Ethnic Identification**

**Sex**

**Work Options:**

- ☐ White ☐ Black ☐ Hispanic  
☐ Asian/Pacific Islander  
☐ American Indian or Alaskan Native

- ☐ Male ☐ Female

- ☐ Full-Time ☐ Part-Time  
☐ Permanent ☐ Temporary

5. ☐ I am a Veteran who served in the Armed Forces of the United States during wartime as defined by Clause 43 Section 7 of Chapter 4 and Section 1 of Chapter 31 of the Mass. General Laws. Please attach a copy of your DD214.
6. ☐ I am an unremarried surviving spouse of a veteran who was killed during wartime or who died from a service-connected disability incurred during wartime service. If you checked this box, please attach a copy of your DD214 so that preference may be granted.
7. List your MA Motor Vehicle Operator's License (specifying class) and any other trade licenses, registrations or certificates that are required for the position(s) for which you are applying, and attach a copy to this application.

**Name or Class of  
Registration or Certificates**

**License No.  
If Any**

**Date of Latest Renewal  
(Month/Day/Year)**

**By Whom  
Issued**

**I declare that the information I have provided on this application is true and I understand that falsification of any information is subject to the penalties for perjury.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



8. Place a check beside each job title for which wish to apply. *You must meet the minimum requirements to register for that position. Please attach a copy of any licenses or certifications to this application.*

<u>Position Title</u>	<u>Minimum Requirements</u>
<input type="checkbox"/> Laborer	None
<input type="checkbox"/> Houseworker	None
<input type="checkbox"/> Cafeteria Helper	None
<input type="checkbox"/> Utility Food Worker	None
<input type="checkbox"/> Assistant Cook	1 Year Related Experience
<input type="checkbox"/> Cook	2 Years Related Experience
<input type="checkbox"/> Painter	Related Experience
<input type="checkbox"/> Gardener	Related Experience
<input type="checkbox"/> Carpenter	Construction Supervisor License
<input type="checkbox"/> Stone Mason	MA CDL Class B w/Air Brake End; Hoisting License Class IIB; 2 years Masonry Experience
<input type="checkbox"/> Maintenance Craftsman B	MA Drivers License; 4 years Maintenance and repair experience
<input type="checkbox"/> Maintenance Craftsman A	One of: Journeyman Electrician, Asbestos Removal, Plumbing, DeLeading, Construction Supv.
<input type="checkbox"/> Motor Equipment Operator I	MA Drivers License; 1 Year of Driving Experience with Light Trucks
<input type="checkbox"/> Motor Equipment Operator II	MA CDL Class B; Hoisting License Class IIB; 1 Year of CDL Driving Experience
<input type="checkbox"/> Motor Equipment Operator III	MA CDL Class A w/Air Brake End.; Hoisting License Class IIB; 1 Year of CDL Driving Exp.
<input type="checkbox"/> Motor Equipment Repairman	MA CDL Class B w/Air Brake End.; Hoisting License Class IIB; 1 Year of equip. repair
<input type="checkbox"/> Tree Climber	CDL Class B w/Air Brake End.; Hoisting License Class IIB; Pesticides App. License

List all of the positions you have held in the last ten years:

	<u>Name of Employer</u>	<u>Employer Location</u>	<u>Job Title</u>	<u>Dates</u>
1.				
2.				
3.				
4.				
5.				